OSHA BLOODBORNE PATHOGENS • 29 CFR 1910.1030

Exposure Control Plan

For the transport of diagnostic specimens — sealed, triple-packaged, and never opened in transit.

LabLatch Logistics LLC
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Phone: 727-275-0517 • Email: moses@lablatch.com

Exposure Control Officer: Moises Melendez Jr, Owner-Operator

This plan is based on OSHA's Model Exposure Control Plan (Publication 3186) and is tailored to a medical specimen courier operation in the Tampa Bay area. LabLatch drivers transport only sealed UN3373 Biological Substance, Category B packages between clinics, laboratories, and trial sites. They do not draw blood, do not provide patient care, and never open a primary specimen container.

Keep this binder in the business. Show it to any clinic, laboratory, or government reviewer who asks how LabLatch protects its drivers and the public. The signed, current copy is the controlling copy.

EXPOSURE CONTROL OFFICER SIGNATURE

Moises Melendez Jr, Exposure Control Officer

EFFECTIVE DATE (SIGN WHEN LLC FILING POSTS)

How to assemble this binder

Print this document double-sided if possible, place it in a 3-ring binder, and add the items below behind it. Tab the sections so a reviewer can find anything in under a minute.

	Item	Where it goes
☐	**This Exposure Control Plan** (signed)	Front of binder — Tab 1
☐	**Certificates on file** — BBP Card No. A-12807569 (valid through 09/29/2027); HIPAA Certificate HIPAA-0135593 (expires 2027-09-26); CPR/First Aid, Lifeline Training Resources (expires 02/01/2027)	Tab 2 — Training & Certifications
☐	**Spill cleanup + exposure procedures** (printed copy)	Tab 3 — also keep a copy in the vehicle
☐	**Hepatitis B forms** — offer records and signed declinations (Form F-1)	Tab 4
☐	**Blank incident forms + sharps injury log** (Forms F-2 and F-3), plus any completed copies	Tab 5
☐	**Annual review log + training records** (Forms F-4 and F-5)	Tab 6
☐	**Vendor packet neighbors** — LLC Articles, EIN letter, Certificate of Insurance, HIPAA and CPR certificates	Back pocket

Physical binder or digital portal — which one counts?
Keep both. The physical binder controls. OSHA requires the plan to be accessible to employees, and a paper binder in the business — with a spill-procedure copy in the vehicle — is accessible even with a dead phone, no signal, or a locked account. A digital copy in the LabLatch courier portal is an excellent mirror: it helps a driver in the field and lets a client verify that procedures exist. It does not replace the signed paper plan, the signed Hepatitis B declinations, or the original training records. If the portal and the binder ever disagree, the signed binder wins until the plan is formally revised and re-signed. See Appendix A for what the portal should contain.

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1 Purpose, scope, and access to the plan

Purpose. This Exposure Control Plan fulfills the requirement of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. Its purpose is simple: eliminate or minimize every LabLatch driver's occupational exposure to blood and other potentially infectious materials (OPIM) during the pickup, transport, and delivery of diagnostic specimens.

Scope. This plan applies to Moises Melendez Jr as owner-operator and to every future contracted or employed driver who transports specimens for LabLatch Logistics LLC. It covers work performed at client facilities during pickup and delivery, in and around the transport vehicle, and at the LabLatch business address.

What LabLatch does — and does not do. LabLatch is a business-to-business courier. It transports diagnostic specimens that client facilities have already collected, packaged, and labeled as UN3373 Biological Substance, Category B. LabLatch personnel never collect specimens, never draw blood, never handle sharps as part of their duties, never have direct patient contact, and never open a primary specimen container for any reason.

Access. A copy of this plan is kept in the binder at the business address and is available to every driver at no cost during working hours, on request to the Exposure Control Officer. A read-only copy is also posted in the courier portal on lablatch.com. Any driver may review the plan before accepting a first assignment and at any time afterward.

Exposure Control Officer. Moises Melendez Jr is the Exposure Control Officer. He maintains this plan, provides training, keeps the records in Section 9, supplies personal protective equipment (PPE) and spill kits, offers the Hepatitis B vaccine series, and coordinates post-exposure follow-up. Until LabLatch designates another officer in writing, every reference in this plan to the Exposure Control Officer means him. Contact: 727-275-0517; moses@lablatch.com.

2 Exposure determination

OSHA requires the employer to determine which job classifications and tasks involve occupational exposure. LabLatch's determination reflects courier work only.

Job classifications

Classification	Exposure status
Courier / driver (owner-operator and all contracted drivers)	Occupational exposure is *possible* — only through a leaking, damaged, or broken sealed package, a vehicle spill, or a percutaneous injury involving a contaminated object. Normal, intact-package transport involves no contact with blood or OPIM.
Owner / administrator (no driving duties)	No occupational exposure in normal duties. If the owner also drives, the courier classification above applies to that work.

Tasks and procedures where exposure may occur

Task	How exposure could occur	Control (see Section 3)
Inspecting a package at pickup	Leaking or damaged outer packaging; wet or stained secondary container	Visual inspection without opening; reject and notify facility
Loading, securing, and unloading sealed cases and coolers	Undetected leak inside a case; breakage after a drop or collision	Per-stop sealed cases; gloves when damage is suspected; spill kit
Cleaning a spill in the vehicle	Contact with spilled specimen material during cleanup	Gloves and PPE; absorbent material; disinfectant; biohazard bag
Handling a broken container or sharp	Percutaneous injury (cut or puncture) from broken glass or plastic	Never handle with bare hands; use tongs or dustpan; sharps container

No other LabLatch task involves occupational exposure. In particular, there is no phlebotomy, no specimen collection, no laboratory processing, and no patient contact in any LabLatch job classification. If LabLatch ever adds a task that changes this determination, the Exposure Control Officer will revise this section before the task begins — see Section 10.

3 Methods of compliance

3.1 Universal precautions

All human blood and OPIM — including the contents of any leaking specimen container — are treated as infectious, regardless of the source or any label. A driver never has to decide whether material "looks risky." If it leaked, it is handled as infectious. Every time.

3.2 The pickup inspection rule

Reject any package that is visibly leaking, wet, stained, crushed, or damaged. Do not transport it.
1. Stop. Do not pick the package up with bare hands; put on nitrile gloves first if it must be moved to a safe surface.
2. Tell the facility staff member on site what you found, and let the facility repackage or replace the shipment under its own procedures.
3. Note the rejection on the Chain of Custody record (facility, time, reason — specimen or accession IDs only, never a patient name).
4. If facility staff are unavailable, call the Exposure Control Officer before accepting anything questionable. When in doubt, do not transport it.

Drivers are never penalized for rejecting a package under this rule. A refused pickup can be re-run; an exposure cannot be undone.

3.3 Engineering and work-practice controls

- **Triple packaging stays closed.** Specimens travel in the facility's primary container, leak-proof secondary packaging, and rigid outer packaging, inside LabLatch's per-stop sealed case or cooler. No layer is opened by the driver.
- **One sealed case per clinic per route.** Each facility's specimens ride in their own numbered-seal case, broken only at the receiving laboratory.
- **Secure the load.** Cases and coolers are secured so they cannot tip, slide, or fall during transport.
- **No eating, drinking, smoking, applying cosmetics, or handling contact lenses** in the cargo area or while handling packages.
- **Minimize splashing and contact** when handling any package suspected of leaking: move slowly, keep it upright and away from the body, and set it down — never carry it against clothing.

3.4 Personal protective equipment (PPE)

LabLatch provides PPE at no cost to the driver, in the vehicle, before the first run. PPE is replaced when torn, contaminated, or no longer protective.

Item	Kept	Use it when
Nitrile examination gloves (multiple sizes)	Vehicle + spill kit	Handling any leaking or damaged package; any spill cleanup; handling waste bags
Disposable gown or apron; eye protection	Spill kit	Cleaning a spill where splashing is possible
Hand sanitizer and soap access	Vehicle	After every glove removal and after any handling incident

Gloves are removed by peeling them away from the body, inside out, and are disposed of in a biohazard bag — never reused, never carried into a facility's clean areas, and never worn while driving after a contamination event until hands have been washed.

3.5 Hand hygiene

- Wash hands with soap and water immediately after removing gloves, after handling any suspect package, and after any spill cleanup. Antiseptic hand cleanser is provided for immediate use when a sink is not available; wash with soap and water as soon as feasible afterward.
- Cover any cut or broken skin on the hands with a bandage before putting on gloves. A driver with weeping or uncovered hand lesions does not handle suspect packages until cleared by the Exposure Control Officer.

3.6 Housekeeping and regulated waste

- The cargo area is kept clean and is inspected after every route. Any visible contamination is cleaned the same day using the decontamination procedure in Section 4.
- Contaminated gloves, absorbent material, and cleanup debris go into a red biohazard bag, are tied closed, and are handed to the receiving laboratory or facility for disposal as regulated waste — never into household trash, and never left in the vehicle overnight.
- Broken glass or other sharps are picked up with tongs, a brush, or a dustpan — never by hand — and placed in a closable, puncture-resistant, labeled sharps container kept in the vehicle for this purpose.
- Contaminated laundry (clothing) is handled as little as possible, bagged at the location where it was contaminated, and labeled. The driver changes out of contaminated clothing as soon as practicable.

3.7 Labels and signs

Biohazard bags, sharps containers, and any container used to store or transport contaminated material carry the biohazard symbol and legend. Specimen shipments carry the facility's UN3373 Biological Substance, Category B diamond. See Section 7 for the full labeling rules a driver follows.

4 Spill response and vehicle decontamination

Every LabLatch vehicle carries a spill kit within reach of the cargo area, checked at the start of each shift.

Spill kit contents

Contents	Purpose
Absorbent material (pads or granules)	Contain and soak up liquid
EPA-registered disinfectant effective against bloodborne pathogens	Decontaminate the spill area and surfaces
Nitrile gloves (multiple pairs); gown/apron; eye protection	PPE for cleanup
Red biohazard bags (including the 25 biohazard bags with absorbent pads stocked by LabLatch)	Waste containment
Tongs or dustpan and brush; puncture-resistant sharps container	Pick up broken material without using hands
Paper towels, hand cleanser, printed copy of this section	Cleanup support

Procedure — leaking package or spill in the vehicle

1. **Stop safely.** Park, keep other people away from the area, and do not continue the route with an uncontained leak.
2. **Put on PPE.** Nitrile gloves first; add gown/apron and eye protection if splashing is possible.
3. **Contain.** Place absorbent material over the spill, working from the outside in. Do not wipe a spill around a larger area.
4. **Pick up solids safely.** Broken containers or sharps go into the sharps container using tongs or a dustpan — never bare or gloved fingers alone.
5. **Bag the waste.** All absorbent material, towels, and used gloves go into a red biohazard bag. Tie it closed.
6. **Disinfect.** Apply disinfectant to the entire spill area and any contacted surface, following the product label for contact time. Wipe, and bag those towels as well.
7. **Wash.** Remove gloves safely and wash hands with soap and water (cleanser first if no sink is available).
8. **Notify.** Call the Exposure Control Officer (727-275-0517), then notify the sending facility and the receiving laboratory. The remaining specimens in the affected case do not continue until the Officer decides how they will be handled.
9. **Document.** Complete the Post-Exposure Incident Report (Form F-2) the same day if there was any skin, eye, mouth, or broken-skin contact — and complete a spill note on the Chain of Custody record in every case.
10. **Restock.** Replace every used spill-kit item before the next route.

Vehicle decontamination after any spill: disinfect all contacted cargo-area surfaces (floor, case and cooler interiors and lids), allow the labeled contact time, and let surfaces dry before loading new cases. Log the cleaning with date, time, and driver initials.

5 Hepatitis B vaccination

LabLatch offers the Hepatitis B vaccine series, at no cost to the driver and at a reasonable time and place, to every driver with occupational exposure under Section 2. The offer is made **within 10 working days of initial assignment** to driving duties, after the driver has received the training in Section 8, unless the driver has previously received the series, antibody testing shows immunity, or the vaccine is contraindicated for medical reasons.

- A driver who declines signs the declination statement on Form F-1. Declining now does not close the door: a driver who later wants the series while still covered by this plan receives it at no cost on request.
- For contracted drivers, LabLatch makes the offer in writing before the first paid run and files the signed acceptance, proof of prior vaccination, or signed declination in Tab 4 of this binder.
- Vaccination records are filed as medical records under Section 9 and are kept confidential.

6 Post-exposure evaluation and follow-up

An **exposure incident** is a specific eye, mouth, other mucous membrane, non-intact skin, or percutaneous (through-the-skin) contact with blood or OPIM that results from a LabLatch duty — for example, a cut from a broken specimen container, or specimen fluid splashed into the eyes during a spill cleanup.

If an exposure happens, in this order:
1. Wash or flush immediately. Skin: wash with soap and water. Eyes or mucous membranes: flush with clean water for at least 15 minutes. Let a puncture or cut bleed briefly, then wash it thoroughly.
2. Report at once to the Exposure Control Officer — Moises Melendez Jr, 727-275-0517 — before continuing the route.
3. Seek medical evaluation promptly the same day. Do not wait to see whether symptoms develop.
4. Document the incident on Form F-2 the same day, including the route, the task, and how the exposure occurred.

After a report, the Exposure Control Officer will:

- Identify and document the source material and, where the client facility's procedures allow, ask the facility to arrange source testing under its own protocols and applicable consent law, and to share results with the evaluating healthcare professional.
- Arrange a confidential medical evaluation and follow-up with a licensed healthcare professional at no cost to the driver, including post-exposure prophylaxis when medically indicated under current U.S. Public Health Service guidelines, and counseling.
- Obtain the healthcare professional's written opinion (limited to whether the driver was informed of results and whether follow-up is needed) within 15 days of the completed evaluation, and provide a copy to the driver.
- File the incident report, the sharps injury log entry (if a sharp was involved), and the medical records under Section 9. Medical records are confidential and are not disclosed without the driver's written consent, except as required by law.

7 Communication of hazards — labels and signs

- **Specimen shipments** carry the sending facility's labeling: the UN3373 Biological Substance, Category B diamond on the outer packaging and the facility's specimen identifiers. The driver verifies the diamond is present at pickup; a shipment with no UN3373 marking is questioned with facility staff before acceptance.
- **Biohazard bags, sharps containers, and contaminated-material containers** used by LabLatch are red or carry a fluorescent orange-red biohazard label with the biohazard symbol and the word BIOHAZARD.
- **Chain of Custody records carry specimen or accession IDs only — never patient names.** The same rule applies to every LabLatch form, call script, and portal screen.
- Warning labels are not defaced or removed. If a label is missing or damaged, the driver notifies the facility (for shipments) or replaces the label (for LabLatch containers) before transport.

8 Information and training

Every driver with occupational exposure receives Bloodborne Pathogens training **at initial assignment and at least annually thereafter**, at no cost and during working hours. Training is provided in English or Spanish as the driver needs, in plain language, with time for questions. Training covers:

- The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) and where to read it; the epidemiology and symptoms of bloodborne diseases and how they are transmitted.
- This Exposure Control Plan — where it is kept and how to get a copy; the exposure determination in Section 2.
- How to recognize the tasks where exposure may occur; universal precautions; the pickup inspection and rejection rule; PPE — what is provided, where it is kept, and how to use and remove it.
- The spill kit, the Section 4 spill procedure, housekeeping, and labeling.
- The Hepatitis B vaccine offer; post-exposure steps and follow-up; and every form in this binder.

Training on file at adoption of this plan (owner-operator):

Credential	Provider / ID	Status
Bloodborne Pathogens	American Health Care Academy — Card No. A-12807569	Valid through 09/29/2027
HIPAA	Certificate ID HIPAA-0135593	Expires 2027-09-26
CPR / First Aid (Adult/Child/Infant)	Lifeline Training Resources	Expires 02/01/2027

Every training session — for the owner-operator and each contracted driver — is recorded on Form F-5 with dates, topics, trainer name and qualifications, and attendee names and job titles.

9 Recordkeeping

Record	Kept for	Where
Medical records (vaccination, exposure evaluations)	Duration of assignment/employment plus 30 years	Confidential file, Tab 4 area — separate from general files
Training records (Form F-5)	3 years from the training date	Tab 6
Sharps injury log (Form F-3)	5 years from the end of the year it covers	Tab 5
Annual review log (Form F-4) and prior plan versions	Life of the plan	Tab 6

Records are available to drivers, their authorized representatives, and OSHA on request, as 29 CFR 1910.1030(h) and 29 CFR 1910.1020 require. Medical records are disclosed only with the driver's written consent, except as required by law.

10 Responsibilities and annual review

The Exposure Control Officer reviews and updates this plan **at least once every 12 months**, and sooner whenever: a new task or procedure affects exposure; a new job classification is created; a spill or exposure incident reveals a gap; PPE, vehicles, or client requirements change; or OSHA requirements change. Each review is entered on the Annual Plan Review Log (Form F-4), considers driver input on what is and is not working in the field, and results in a dated, re-signed plan when changes are made.

Every driver is responsible for following this plan: inspecting at pickup, using PPE, following the spill procedure, reporting every suspected exposure immediately, and attending training. A driver who is unsure what to do in any situation stops and calls the Exposure Control Officer. Asking is always the right move.

Solo-operator note. At launch, Moises Melendez Jr is both Exposure Control Officer and sole driver, so several duties above are performed by and for the same person. The duties do not shrink because the company is small: the offer of vaccination, the training record, the sharps injury log, and the annual review are completed and filed exactly as written, and the same requirements apply in full to the first contracted driver on day one.

> **1099 note for the file:** OSHA's duties in this plan attach to the employer. How LabLatch meets the exposure-control, training, vaccination, and post-exposure duties for contracted (1099) drivers affects contractor classification. LabLatch will confirm its approach with a lawyer or accountant before the first contracted driver starts. This note is a reminder to get that advice — it is not legal advice.

Appendix A Courier portal build brief — for Claude

For: Claude, to add to the courier portal linked at the extreme lower-right of lablatch.com. Principle: **the portal mirrors the binder; it never replaces it.** Read-only client views show procedure titles and currency dates — never completed medical or incident records.

1. **Safety section (driver login):** spill cleanup steps (Section 4, numbered) and exposure first steps (wash/flush — report — medical care) on one screen, readable with gloves on: large type, no scrolling past one screen.
2. **Spill/exposure button:** one tap starts a timestamped incident draft and shows the Exposure Control Officer phone number (727-275-0517) as a tap-to-call.
3. **ECP viewer:** read-only copy of this plan (PDF), with effective date and next review date displayed; banner: "Paper binder is the controlling copy."
4. **Training & certification tracker:** BBP, HIPAA, CPR/First Aid entries with expiry dates; flag at 60 and 30 days before expiry.
5. **Hepatitis B status field (private, driver + Officer only):** offered date, accepted / declined-on-file — never shown in any client view.
6. **Digital incident form:** mirrors paper Form F-2 field-for-field; on submit, alerts the Officer immediately and states "Also complete the paper form for the binder."
7. **Sharps injury log (Officer-only view):** mirrors Form F-3 fields.

Appendix A — continued

8. **Annual review tracker:** last review date, next due date, link to Form F-4 log entries.
9. **Client proof view (read-only, no login data beyond what LabLatch issues):** plan title, effective date, review currency, list of binder tabs, and certificate names with expiry dates — no medical records, no incident details, no patient information of any kind.
10. **Seal-scan digital Chain of Custody (already briefed separately):** keep the CoC screens consistent with this plan — accession IDs only, no patient-name field anywhere in the data model.
11. **Pre-shift checklist addition:** "Spill kit complete — gloves, absorbent, disinfectant, biohazard bags, sharps container" as a required check before a route can start.
12. **What NOT to build:** no patient-name field, no free-text medical notes field visible to clients, no feature that lets the portal copy be edited without a dated plan revision (versions are read-only snapshots).

> **Digital vs. physical — the standing answer for clients:** LabLatch keeps both on purpose. The signed paper binder is the compliance record of truth; the portal is the field tool and the client's window into it. A reviewer who wants the plan gets the binder; a driver at a loading dock at 2 a.m. gets the portal.

Forms — print from here

The next pages are the binder's working forms. Print a stack of each on plain paper, keep blanks behind Tab 5 (Forms F-2, F-3) and Tab 4 / Tab 6 as marked, and file completed copies in place of the blanks used. Forms carry specimen or accession IDs only — never patient names.

Form	Title	File completed copies in
F-1	Hepatitis B Vaccination Offer / Declination	Tab 4 (confidential)
F-2	Post-Exposure Incident Report	Tab 5
F-3	Sharps Injury Log	Tab 5
F-4	Annual Plan Review Log	Tab 6
F-5	Training Record	Tab 6

Authority and sources: OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030; OSHA Model Exposure Control Plan, Publication 3186 (model plans and sample forms, tailored here to specimen-courier operations); OSHA record-access rule, 29 CFR 1910.1020. This plan is a compliance document prepared from OSHA's model — it is not legal advice.

FORM F-1 • TAB 4 — CONFIDENTIAL

Hepatitis B Vaccination Offer / Declination

LabLatch Logistics LLC offers the Hepatitis B vaccine series at no cost to every driver with occupational exposure, within 10 working days of initial assignment, after Bloodborne Pathogens training. Complete one form per driver and file it in Tab 4.

DRIVER NAME (PRINT) _____

JOB TITLE _____

DATE TRAINING COMPLETED _____

DATE VACCINE OFFERED _____

Choose one

☐ **I accept** the Hepatitis B vaccine series at no cost. Provider / clinic: _____ Dates: Dose 1 _____ Dose 2 _____ Dose 3 _____

☐ **I have already received** the Hepatitis B vaccine series. Approximate dates / provider: _____

☐ **Antibody testing** shows I am immune. Date / provider: _____

☐ **I decline — declination statement (OSHA-required wording):**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

DRIVER SIGNATURE _____

Signature • Date

EXPOSURE CONTROL OFFICER SIGNATURE _____

Moises Melendez Jr • Date

FORM F-2 • TAB 5

Post-Exposure Incident Report

Complete the same day as any exposure incident or spill involving skin, eye, mouth, or broken-skin contact. Specimen or accession IDs only — **never a patient name**.

DRIVER NAME

DATE / TIME OF INCIDENT

LOCATION (FACILITY / VEHICLE / ROAD)

ROUTE / COC RECORD NO.

TASK BEING PERFORMED WHEN IT HAPPENED

WHAT HAPPENED — MATERIALS INVOLVED, PACKAGE CONDITION, SPECIMEN / ACCESSION IDS

TYPE OF CONTACT (CIRCLE): SKIN — INTACT / NON-INTACT • EYE • MOUTH / MUCOUS MEMBRANE • PUNCTURE / CUT • SPLASH ONLY, NO CONTACT

FIRST AID GIVEN (WASHED / FLUSHED — WHERE, HOW LONG)

REPORTED TO EXPOSURE CONTROL OFFICER — TIME

PPE BEING WORN

MEDICAL EVALUATION — PROVIDER, DATE / TIME SENT

CLEANUP AND DECONTAMINATION PERFORMED

HOW THIS COULD BE PREVENTED NEXT TIME

DRIVER SIGNATURE

Signature • Date

EXPOSURE CONTROL OFFICER SIGNATURE

Moises Melendez Jr • Date

FORM F-3 • TAB 5

Sharps Injury Log

Record every percutaneous injury from a contaminated sharp. Kept 5 years. Protect the injured driver's privacy — record the injury, and consult OSHA guidance before adding identifying detail.

Date	Type / brand of device or sharp	Work area / location	How the injury occurred

FORM F-4 • TAB 6

Annual Plan Review Log

Review at least every 12 months and whenever tasks, classifications, vehicles, or requirements change.

Review date	Reviewed by	Changes made (or "no changes")	Driver input considered

FORM F-5 • TAB 6

Training Record

One form per training session. Kept 3 years from the training date.

DATE OF TRAINING

TRAINING TYPE (CIRCLE): INITIAL / ANNUAL / NEW-TASK

TRAINER NAME

TRAINER QUALIFICATIONS

TOPICS COVERED (SUMMARY)

Attendees

Name (print)	Job title	Signature

Certifications already on file for the owner-operator (copies behind Tab 2): Bloodborne Pathogens, American Health Care Academy, Card No. A-12807569, valid through 09/29/2027 • HIPAA, Certificate ID HIPAA-0135593, expires 2027-09-26 • CPR / First Aid, Lifeline Training Resources, expires 02/01/2027.

— End of plan — LabLatch Logistics LLC, 41334 North Hwy 19, #1047, Tarpon Springs, FL 34689 • 727-275-0517 • moses@lablatch.com